

Exhibit 17

Nassau County

Police Department



LONG GUN REVIEW RECORD

WARNING: You may not possess a firearm if prohibited by Federal or State law. The information you provide will be used to determine whether you are prohibited under law from possessing a firearm. Certain violations of the Gun Control Act, 18 U.S.C. Section 921 *et. seq.*, are punishable by up to 10 years imprisonment and/or up to a \$250,000 fine.

Under Penal Law 210.45, a person is guilty of making a punishable false written statement when that person knowingly makes a false statement, which he or she does not believe to be true, in a written instrument bearing a legally authorized form notice to the effect that false statements made therein are punishable.

CASE REPORT NUMBER:

LAST NAME VALENTI	FIRST NAME FRANKIE	MIDDLE NAME	MALE <input checked="" type="checkbox"/>	FEMALE <input type="checkbox"/>
NUMBER AND STREET ADDRESS 2394 NARRAGANSET AVENUE		TOWN SEAFOUR	STATE NY	ZIP CODE 11783
BEST PHONE NUMBER TO CONTACT	EMAIL ADDRESS ntorczyner@	PLACE OF BIRTH U.S. CITY AND STATE OR FOREIGN COUNTRY HKPLAW.COM BROOKLYN, NY	SOCIAL SECURITY NUMBER	BIRTH DATE

Answer the following questions by checking or marking "yes" or "no" in the boxes to the right of each question.

1a. Have you ever been convicted of a crime? Yes No

1b. If so, what crime?

2. Are you a subject of an Order of Protection or restraining order? Yes No

3. Has a court, board, commission, or other lawful authority ever determined you to be a danger to yourself or to others OR determined you to be incompetent to manage your own affairs? Yes No

4. Have you ever been committed to a psychiatric care facility? Yes No

5. Have you ever had a pistol permit suspended or revoked? Yes No

6. Have you ever been convicted in any court of a misdemeanor crime of domestic violence? Yes No

7a. Are you a US citizen? Yes No

7b. If not, what is your country of citizenship?

I request that my long gun be returned to me. Yes No

I plan to do the following with my long gun: retain dispose of sell transfer

CERTIFICATION

I certify that the above information is correct to the best of my knowledge.

Signature

Date